The DNA of Health Care Regulations and Guidance

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Financial Disclosure

- Advisory Boards
  - Allergan
  - Genentech
  - Regeneron
- Speaker Bureaus
  - Allergan
  - Genentech

Resources

- Department of Health and Human Services (HHS)
- Center for Medicare and Medicaid Services (CMS)
- Medicare Administrative Contractor (MAC)
- State Medicaid Contractor
- Commercial Payers
Passage of an act for the relief of sick and disabled seamen, which established a federal network of hospitals for the care of merchant seamen, forerunner of today's U.S. Public Health Service.

Source: HHS Website
President Lincoln appointed a chemist, Charles M. Wetherill, to serve in the new Department of Agriculture. This was the beginning of the Bureau of Chemistry, forerunner to the Food and Drug Administration.

Source: HHS Website

The Social Security Act was passed.

Source: HHS Website

Medicare and Medicaid programs were created, making comprehensive health care available to millions of Americans.

Source: HHS Website
Department of Health and Human Services (HHS)

1977

The Health Care Financing Administration was created to manage Medicare and Medicaid separately from the Social Security Administration.

Source: HHS Website

Department of Health and Human Services (HHS)

1996

The Health Insurance Portability and Accountability Act (HIPAA) was enacted.

Source: HHS Website

Department of Health and Human Services (HHS)

2001

The Centers for Medicare & Medicaid was created, replacing the Health Care Financing Administration.

Source: HHS Website
Department of Health and Human Services (HHS)

2010

The Affordable Care Act was signed into law, putting in place comprehensive U.S. health insurance reforms.

Source: HHS Website

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Department of Health and Human Services (HHS)

- HHS Website URL
  http://www.hhs.gov/

Source: HHS Website

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Center for Medicare and Medicaid Services (CMS)
CMS

• Medicare Physician Fee Schedule data
  • Relative Value Unit (RVU) files
    • Physician work
    • Practice Expense
    • Malpractice
  • Geographic Practice Cost Indices (GPCI)
• Website URL
  http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html

CMS

• Medicare Part B Drug Pricing Files
  • ASP Drug Pricing Files
  • Quarterly
• Website URL

CMS

• National Correct Coding Initiative (NCCI)
  • Bundled and mutually exclusive edits
  • Control improper coding leading to improper payments in Part B claims
  • Based on coding conventions defined in the American Medical Association's CPT Manual
• Website URL
  http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html
Medicare Administrative Contractor (MAC)

MAC Jurisdictions

MAC

- Medicare Administrative Contractor (MAC)
- Local Coverage Determinations (LCD)
- Local fee schedules based on Locality
- Payer specific policies
Practice Specific Payers

- Commercial payers
- Fee schedules
- Coverage policies
- Drug formulary info
- State Medicaid
  - Medicaid fee schedules
  - Coverage policies

Office of Inspector General (OIG)

- Compliance
- Monitor fraud
- Compliance 101
- Compliance Program Guidance
  - Published guidelines
  - Compliance Program Guidance for Individual and Small Group Physician Practices

Source: OIG Website
Office of Inspector General (OIG)

• Voluntary Self-Disclosure
• Provider Self-Disclosure Protocol (SDP)
• Self-discovered evidence of potential fraud
• Published protocol
• Cooperative process
• Avoid costs and disruptions associated with a Government-directed investigation

Office of Inspector General (OIG)

• OIG negotiates Corporate Integrity Agreements (CIA)
• Comprehensive CIA typically lasts 5 years
  • Settlement of Federal health care program investigation
  • In exchange, OIG agrees not to seek provider’s exclusion from participation in Medicare
  • Providers agree to obligations

Source: OIG Website

Corporate Integrity Agreement (CIA)

• Hire a compliance officer/appoint a compliance committee
• Develop written standards and policies
• Implement a comprehensive employee training program
• Retain an independent review organization to conduct annual reviews
• Establish a confidential disclosure program
• Restrict employment of ineligible persons
• Report overpayments, reportable events, and ongoing investigations/legal proceedings
• Provide an implementation report and annual reports to OIG on the status of the entity’s compliance activities.
2013 OIG Work Plan

Ophthalmological Services—Questionable Billing (New)

We will review Medicare claims data to identify questionable billing for ophthalmological services during 2011. We will also review the geographic locations of providers exhibiting questionable billing for ophthalmological services in 2011.

Medicare payments for Part B for physician services, which include ophthalmologists, are authorized by the Social Security Act, § 1832(a)(1), and 42 CFR § 410.20. In 2010, Medicare allowed over $6.8 billion for services provided by ophthalmologists. (OEI; 04-12-00280; expected issue date: FY 2014; work in progress)

Office of Inspector General (OIG)

- OIG Website URL
  - http://oig.hhs.gov/

Source: OIG Website

National Uniform Claims Committee (NUCC)
NUCC

- Voluntary organization
- Replaced Uniform Claim Form Task Force in 1995
- Develop a standardized data set
- Transmit claim and encounter information to and from all third-party payers
- Chaired by the American Medical Association (AMA), with the Centers for Medicare and Medicaid Services (CMS) as a critical partner

NUCC

- 1500 Claim Form
- 1500 Claim Form Reference Instruction Manual
- Single paper claim form for use by all third-party payers
- Consolidate the many current data sets into one set
- Code Sets
  - Taxonomy codes

NUCC

- Code Sets
  - Taxonomy codes
  - Allopathic & Osteopathic Physicians
    - Ophthalmology - 207W00000X
# NUCC

## Taxonomy codes
- Eye and Vision Services Providers
- Optometrist - 152W00000X
  - Corneal and Contact Management - 152WC0802X
  - Low Vision Rehabilitation - 152WL0500X
  - Occupational Vision - 152WX0102X
  - Pediatrics - 152WP0200X
  - Sports Vision - 152WS0006X
  - Vision Therapy - 152WV0400X

## Technician/Technologist
- 156F00000X
  - Contact Lens - 156FC0800X
  - Contact Lens Fitter - 156FC0801X
  - Ocularist - 156FX1700X
  - Ophthalmic - 156FX1100X
  - Ophthalmic Assistant - 156FX1101X
  - Optician - 156FX1800X
  - Optometric Assistant - 156FX1201X
  - Optometric Technician - 156FX1202X
  - Orthoptist - 156FX1900X

## NUCC Website URL
- http://www.nucc.org/

Source: OIG Website
• Health Care Code Lists
  • Claim Adjustment Reason Codes (CARC)
    • Communicate an adjustment
    • Communicate why a claim or service line was paid differently than it was billed
  • Remittance Advice Remark Codes (RARC)
    • Provide additional explanation for an adjustment already described by a CARC

• Health Care Code Lists
  • Claim Status Category Codes
    • Indicate the general category of the status (accepted, rejected, additional information requested, etc.) which is then further detailed in the Claim Status Codes.
  • Claim Status Codes
    • Convey the status of an entire claim or a specific service line
Coding Manuals

- Procedure codes
- International Classification of Diseases (ICD-9)
  - Diagnosis codes
- Health Care Procedure Coding System (HCPCS)
  - Drugs and supplies

Thank You

Questions?